

**MEDICAL RECORD****Orders Manual:  
Outpatient Clinic 11**

Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

☐ Stat☐ Priority☐ Routine**Clinic Visit Date – Special Precautions – Allergies – Other Appointments/Time Scheduled:****Clinical Diagnosis:**☐ Allergy☐ SCID (Severe Combined Immunodeficiency Disease)☐ ALPS (Autoimmune Lymphoproliferative Syndrome)☐ HIV (Human Immunodeficiency Virus)☐ LAD (Lymphocyte Adhesion Deficiency)☐ Relative of ALPS☐ CGD (Chronic Granulomatous Disease)☐ MAI (Mycobacterium avium-intracellulare)☐ Other: \_\_\_\_\_☐ Jobs☐ Wegener's Granulomatosis**Test(s) to be ordered/scheduled:**☐ Chest xray\*\*☐ Ultrasound☐ CT scan☐ Nuclear medicine☐ Dental exam☐ Consult type: \_\_\_\_\_

(i.e. dental, eye, ENT, Rehab, neuro, psych, etc)

☐ Echocardiogram☐ EKG/ECG\*☐ Other: \_\_\_\_\_☐ MRI**Indications or need for test, consult, scan or evaluation:****Body area for test, consult, scan, or evaluation:** (i.e. abdomen, breast, eye, GI, liver, kidney, spleen, spine, thyroid, pancreas, etc)**List medications (for Dental Clinic appointments and EKGs only):****\*If EKG/ECG, check appropriate box below:**☐ Routine☐ Urgent☐ Ambulatory☐ Bedside**\*\*If xray, check appropriate boxes below:**

Pregnant

☐ Yes☐ No

Ambulatory

☐ Yes☐ No

Previous xray at NIH

☐ Yes☐ No**Date and time test needed (for scheduling purposes):**☐ Today☐ Tomorrow☐ AM☐ PM☐ Other: \_\_\_\_\_**Clinic Support Assistant Section****Appointment Scheduled:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Comments:**

LIP Signature

LIP Name (printed)

Date

Patient Identification

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File in Section 6: Orders Manual